

**Developing and testing approaches for improving method mix in
family planning programs in Bolivia**

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ACKNOWLEDGMENTS

At the time of writing this report, the activities planned for Phase 1 of the study were successfully completed, except for the full application of the interview guide to all service providers and testing of the client interview guide. The activities programmed for this initial phase constitute the grounds of the study. During this phase, key revisions to the study design were done, the service tools and materials, and the evaluation instruments were designed, tested and finalized, training was provided to service providers and preliminary data collection was initiated.

The Institute and the Bolivian institutions who are implementing this study wish to thank The Population Council for the support provided to this effort which constitutes an important step in simplifying the use of the calendar-rhythm for periodic abstinence users, and the provision of services for family planning providers and improving the method mix in multi-method programs. This initiative will also bring about benefits for users of periodic abstinence who will be able to rely on better formula and criteria for the use of the calendar-rhythm.

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I. Introduction

As part of its efforts to streamline the delivery of NFP services within multi-method family planning institutions, the Institute for Reproductive Health began an OR study for testing two approaches for offering the calendar-rhythm method with selected institutions in Bolivia.

The approaches for the calendar-rhythm being tested provide an alternative to an inappropriate version of the method labeled 9-9-9 (meaning that to avoid pregnancy the couple can have intercourse during the first 9 days of the woman's cycle, abstain for the following 9 and resume intercourse 9 days later). This formula for the rhythm method has not been tested, although it is widely known in the local family planning community. No documentation exists on the efficacy of this method and it presents high risks of pregnancy for women with cycles shorter than 29 days and higher than 30. This version is being offered to any woman in Bolivia, regardless of her cycles length. The Institute recommended discontinuation of this version from the Bolivia programs replacement with the alternative approaches being tested through this OR study.

The study was designed to be completed in two phases within an eight-month period. The first phase includes: (1) development and pretesting of a service delivery package; (2) training of service providers; (3) conduct of pre-intervention interviews with providers; and (4) development and testing of evaluation instruments. In the second phase, the Institute will test the effectiveness of the provision of NFP services using the two service approaches, disseminate the results and work with local institutions to institutionalize one of the tested approaches. This report only covers activities completed during Phase I with funding from The Population Council. Upon completion of this project in March, 1999, a copy of the final report will be sent to the Population Council.

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Activities completed, during the period June-September, 1998, to improve the method mix within multi-method family planning programs in Bolivia under this study are described below.

II. Background

Results of needs assessments completed in Bolivia, indicated an unmet demand for NFP methods, and the need of multi-method family planning programs for support in the development of an NFP component to meet client demand for natural methods. An operations research study was designed to respond to these needs and the desire of USAID/Bolivia and PROCOSI, a local NGO involved in reproductive health programs, to improve the quality of services provided to users of natural methods and to establish a system for recording and including such users in program service statistics.

The demand for natural methods is documented by local DHS reports and annual service statistics collected by USAID through Pathfinder/Bolivia. In Bolivia, current use of the calendar-rhythm is 14.7% compared to 11.9% prevalence for modern methods of family planning. Also, 1997 service statistics from five large providers indicate a sizeable demand for NFP. In the 3rd. quarter of 1997, 10% of all **new users** of family planning visiting four institutions (Prosalud, Promefa, Combase and Hospital San Gabriel), were NFP users. In 1996, NFP users at the Caja Nacional de Salud accounted for 18% of total family planning clients.

Despite the widespread use of periodic abstinence in Bolivia, the ENDSA (the Bolivian DHS survey) indicate that most users have received no instruction on its correct use as a method of avoiding pregnancy. Furthermore, 1 of every 4 women has no understanding of the woman's fertile period. The involvement of providers in NFP orientation and/or counseling is minimal or

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non-existent. Among the main barriers for providing appropriate information on natural methods are lack of knowledge on the part of the provider and the absence of training within the local reproductive health training programs.

III. Objectives

The overall objectives of the study are:

Research Objective:

This OR study is comparing the effectiveness of two NFP service delivery models in terms of the number of: a) clients using the calendar-method appropriately and b) providers following the established counseling protocol.

Programmatic objectives for the study were also identified to meet the needs of the service implementation institutions:

Programmatic Objectives:

1. Improve the capacity of existing family planning services to effectively incorporate NFP into their method mix and correctly provide NFP services.
2. Establish a standard criteria for providing NFP only to eligible users, thus improving the effectiveness of the method and the client's confidence in the service provider.
3. Enable local institutions to adopt a CYP or other indicator for measuring the performance of their NFP component, and to adapt their MIS to track and report on NFP users.

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+IV. Intervention

The study will compare the effectiveness of the two service delivery approaches. Both approaches use an NFP service delivery package which includes criteria to screen clients for eligibility, a counseling protocol, and a “take home” client card. The model labeled A also has an additional worksheet which is used by both provider and client to determine the client’s competence to use the method. The model labeled B does not rely on the “competence” job aid. Another difference among Model A and B is the competence criteria. In Model A, the client is declared “autonomous” --and consequently considered a “new” family planning user-- if she can meet the criteria indicated in the competence job aid. In Model B, the client is declared autonomous after continued use and demonstration of correct use to the provider during subsequent visits. The criteria for autonomous user (or new user) used in Model B is the classical NFP service delivery approach. The criteria used in Model A is an innovative approach which seeks simplification for the provider and the user.

MODEL A	MODEL B
<u>Tools Package</u>	<u>Tools Package</u>
Eligibility criteria	Eligibility criteria
Counseling protocol	Counseling protocol
Client “take-home” card	Client “take home” card
Provider-Client worksheet	
<u>Client’s Autonomy Criteria</u>	<u>Client’s Autonomy Criteria</u>
Competency determined at first visit using worksheet	Competency determined after using the method for at least one cycle

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V. Study Design

The effectiveness of each model will be compared by means of pre- and post-interviews with providers, follow-up interviews with clients, review of the client-provider worksheet for each counseling session, and tracking of service statistics. The models will be tested in seven sites at four multi-method family planning programs as follows:

Service Site	Institution	Model
Villa Ingenio	PROSALUD	A
Villa Bolivar	PROSALUD	B
La Portada	Ministry of Health	A
Hospital La Paz	Ministry of Health	B
Policlinico el Alto	Caja Nacional de Salud	A
Policlinico Manco Kapac	Caja Nacional de Salud	B
Valle Hermoso	Fundación Hospital San Gabriel	A

VI. Data Collection and Analysis

Data for the study is being collected from: (1) provider service statistics, (2) individual client forms developed for the study; and (3) interviews with clients and providers.

Service data to be collected from the existing information systems include number of new and continuous users for experimental and control sites, and proportion of method mix.

A large part of the information on clients and providers will be obtained from the individual client NFP forms, namely information on client eligibility and proficiency in the use of the method, level of adherence of provider to the counseling protocol, and appropriateness of client screening. During monthly monitoring visits to each of the twelve service providers, information will be gathered from:

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- a) an audit of the client-provider worksheet and the daily client register to determine whether providers are using the methodology correctly, particularly if the client eligibility criteria are being applied and whether clients are appropriately screened for the method, and whether client competence is documented in the worksheet.
- b) a review of the daily client register and other service statistics to determine the number of informed clients, new and continuing users and whether providers are completing the register properly.

Information on client satisfaction, method continuation and degree of partner involvement will be collected through one-time interviews with clients three months after the first visit. At the time of the first visit, consent will be obtained from clients to conduct a home visit for the interview. This consent form will be attached to the NFP Client Form. The sampling methodology for client interviews will be determined by a local consultant. However, it is expected that approximately 15% of the total NFP users, but no less than eighty users, will be interviewed.

Interviews with providers (physicians, nurses and auxiliary nurses) from the four sites, before and after implementation of the intervention, will measure changes in service delivery practices, and knowledge of and attitudes towards NFP.

VII. Activities Completed and Results

The activities completed during the period June-September, 1998 for Phase I of the study, cover finalizing collaboration agreements, development of tools and materials, training of service providers and conduct of pre-intervention interviews.

1. Planning and Organization

Activities completed

One of the Institute's first tasks was to develop and sign Memoranda of Understanding (MOUs) with the participating implementing institutions. MOUs were signed with PROSALUD, The Caja Nacional de Salud, the Ministry of Health, and Fundación Hospital San Gabriel. Seven pilot sites were selected to test the two service delivery approaches. All institutions, except for San Gabriel have two sites. A copy of the MOU is included in Appendix A.

Also, the Institute worked with Pathfinder, the Subcomité and USAID on a plan and time line for incorporating the recording of NFP users into the existing management information systems (MIS).

A local evaluation consultant was contracted to carry out data collection, processing and preliminary analysis, and a local advisor hired on a part-time basis to assist with local coordination and management of the study. An agreement was reached with PROCOSI to provide space and administrative support to the local advisor.

Results

- Four agreements with local institutions were prepared and signed, to undertake the implementation of the study.
- Endorsement of the study was obtained from the National Family Planning Services Subcommittee (Subcomité de Servicios), USAID and PROCOSI.

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- Local support for coordination, management and administration of the study was secured. Consulting agreements for data collection and processing in are in place.
- Collaboration from Pathfinder/Bolivia was obtained to undertake with the Institute the adaptation of the national Management Information System (MIS) to incorporate the recording of NFP users.

2. Development and Pre-testing of Service Delivery Package

Activities Completed

A service delivery package of job aids and materials were developed for each of the models using a simplified methodology for providing counseling on and using the calendar-rhythm. The service package includes:

- counseling protocols for the provider to instruct clients on the use of each of the two versions of the calendar-rhythm method which will be offered: 1) the Traditional Formula: longest cycle minus 11, shortest cycle minus 18; and 2) the Standard Rule Formula requiring abstinence from day 9 to 19, for women with cycles between 26 and 32 days. These protocols also includes the method eligibility criteria.
- provider worksheet to verify the user's comprehension of the method and how to use it, and to establish the client's competence in the use of the method formula.

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- client card with reinforcing instructions on method use, a calendar to record fertile days, and discussion points to address with her partner.

A team of Institute staff developed the content and designed the tools in the service package. All the job aids and client materials were reviewed by the service providers participating in the study, during a session at a training held in Bolivia in August, 1998. The revised versions were locally pre-tested with a sample of providers and clients. Based on the results of the pre-testing, the job aids and client materials were revised and finalized for use in the intervention. A sample of each of the three finalized tools is included in Appendix B.

Results

- Provider job aids and client materials developed, tested and refined.
- A detailed report on the results of the pre-testing is included in Appendix C, and summary of findings are included in Section VII below.

3. Development and Testing of Data Collection and Processing Instruments

Activities completed

Three main data collection instruments were developed, tested and refined. Copies of all instruments are included in Appendix D.

An interview guide for providers was developed to learn about their: (1) perceptions regarding the two versions of the calendar-rhythm method being offered; (2) level of understanding of and

comfort in using the methodology and instruments; (3) experience in counseling clients; and (4) proficiency in the use of the tools and the information system.

A second interview guide was developed to collect information about the clients, regarding: (1) correct use of the method; (2) level of satisfaction with the method; (3) use of the “take home” client card; (4) level of involvement of her partner; and (5) quality of the service received at the clinic/health post.

A third data collection instrument was developed to monitor the overall service delivery. A supervision guide to monitor the progress of the study at each implementation site includes information about the providers’ level of knowledge and competence of the methods and the use of the methodology. This guide also has two sections, one of which allows for observation of a counseling session and a second one an audit of the completion of the Provider-Client Worksheet and the Daily Registry of Clients.

Results

- Interview guide for collecting information from service providers developed, pre-tested and ready for use.
- Interview guide for collecting information from clients and pending for testing and revision.
- Supervision instrument to monitor the progress of the study and the quality of the services finalized and ready to use.

4. Data Collection

Activities completed

Data collection from service providers will be gathered through interviews before and after the intervention. Pre-intervention interviews were conducted with 7 of the 12 providers. Preliminary results for the 7 providers were processed. A complete analysis of the information will be finalized after all interviews are completed. A strike of public health personnel which has lasted over 3 weeks, has prevented the completion of provider interviews at the Caja Nacional de Salud and the Ministry of Health sites. A detailed report of the results of the interviews conducted is included in Appendix E, and a summary in Section VII below.

A supervision guide will be applied monthly to every provider. Information gathered from this instrument will provide the basis for the evaluation of the two approaches being tested and the methodology and tools as well as the providers' knowledge of the method and competence in the use of the protocols and job aids. No supervision visits have yet been completed. The intervention is scheduled to begin on October 1, 1998, and a monthly visit will take place from then on.

Client interviews were not scheduled within Phase I of the study. Completion of these will be begin in December, 1998.

A preliminary plan for data analysis was prepared and discussed. Data collected will be processed using two different software packages: ISA and SPSS and graphic information prepared in Harvard Graphics format. The data analysis plan is included in Appendix E.

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Results

- Pre-intervention interviews to providers partially completed and preliminary analysis prepared.
- Seven intervention sites were identified and assigned to a specific group for the testing models A or B.
- Information collected was entered in the study data base. A complete statistical report is not ready due to the delay in applying the interview guide to five providers from the institutions that are on strike.
- Selection criteria for clients defined.

5. Training of Service Providers

Activities completed

Under the sponsorship of the Subcomité and USAID/Bolivia, the Institute conducted a sensitization workshop in May, resulting in eight programs applying for participation in the study. Four institutions (2 from the public and 2 private sector) were selected and twelve service providers identified to participate in the study.

A one-day training for providers was held in La Paz on August 5, 1998 in PROCOSI's conference center. Twelve providers and four program managers, one from each participating institution, attended the training. The main objective of the training was to: (1) provide an

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overview of NFP, its biological basis, efficacy rates and counseling methodologies; (2) present the approaches to be tested and train providers in the use of the instruments; (3) revise and refine the instruments; and (4) describe the study, convene on a work plan and time line and reach agreement with each individual provider on their responsibilities while participating in the study. The training agenda and selected materials distributed to participants is included in Appendix F.

Results

- Training module for the service approaches was developed and applied
- Twelve participating providers were trained in the service approaches.
- Agreements, plans and time lines for carrying out the study tasks in each center finalized
Appendix G. includes a time line and list of responsibilities for the participating service provider.

VIII. Findings to Date

Results of the intervention are not covered in this report, as the intervention is scheduled to begin in October, 1998. The findings included in this report relate to the three activities programmed and completed during Phase I of the Study.

As a result of the pre-testing of the client “take home” card, minor changes in the wording were made. The content, format and size of the card were found appropriate. The clients with whom the card was tested found the instructions easy to follow and were able to complete the steps and calculate their fertile days.

In the process of testing the client card, significant knowledge gaps were identified among women of different educational and socioeconomic levels. This finding indicated that information for the client included in the protocol was incomplete. Adjustments were made in the counseling protocol to include two additional messages about the menstrual cycle.

The testing of the client card also provided key insights and helped identify additional gaps in the provider counseling protocol. As a result, additional support materials are being designed and the protocol and worksheet were revised and are undergoing a second testing.

Preliminary analysis of the seven interviews completed with providers indicate that:

- a. Providers’ interest in participating in the study is motivated by the need to provide clients a more reliable natural method which is at the same time less expensive for the user than commodity-based methods.
- b. There is a need for support materials to use in the counseling, such as a flipchart, illustrations or other visuals.
- c. Providers are aware that variations in their client’s understanding of their bodies as well as their educational level influences the time spent in the counseling.

- d. Providers perceive as a major challenge working with clients to re-educate them on using the new versions of the calendar-rhythm, which presents less risk of pregnancy than the natural methods, namely rhythm, they are familiar with.
- e. Providers' concern with the efficacy of the method is based on the fact that female clients usually visit the centers by themselves, and the perception that men who are under the influence of alcohol will not respect the abstinence period or agree to use a condom during the fertile period.

The training event for service providers was an excellent opportunity for learning about providers' experiences with the calendar-rhythm and their perceptions of the method. Knowledge gaps and misconceptions about the basis of natural methods were resolved. Pre and post-tests applied to participants resulted in an increase in their knowledge level from 68% to 94%. Given that the intervention will begin in October, two months after the training, it was determined that an individualized refresher of the material covered in the training will be given to each provider at the time when the materials are delivered to each site.

At the time of writing this report, the activities planned for Phase 1 of the study were successfully completed, except for the full application of the interview guide to all twelve providers and the testing of the client interview guide. The activities programmed for this initial phase constitute the grounds of the study. During this phase, key revisions to the study design were made; service delivery tools and materials and the evaluation instruments were designed, tested and finalized; training was provided to service providers; and preliminary data collection was initiated.

IX. Next Steps

Phase 2 of the study will continue with the implementation of the intervention which is scheduled to begin in October, 1998. Upon completion of the printing of the service delivery package, currently underway, sets of materials for each service site will be distributed during the last week of September.

Also, prior to initiation of services, a two-hour refresher training is scheduled for the end of September, when providers will receive the package of the revised job aids and client materials for the specific approach they will be implementing.

Supervision visits will take place on a monthly basis after the intervention begins, and client interviews will be conducted from December through February.

Preliminary data will be analyzed and shared with service providers during a mid-term meeting in early December. Final exit interviews with providers are scheduled for late January and a final evaluation is scheduled for February.

The results of the study will be disseminated in Bolivia at a meeting with representatives from the participating institutions and other NGOs. Development of plans for the adoption and replication of the selected approach will begin in February and be finalized at the time of the dissemination meeting.

APPENDIX A - MEMORANDUM OF UNDERSTANDING

1. Agreement for Caja Nacional de Salud, Ministry of Health, PROSALUD and Fundación San Gabriel
2. Scope of work and timeline included as appendices to the MOU.

APPENDIX B - CLIENT AND PROVIDER TOOLS

APPENDIX C - REPORT ON CLIENT MATERIALS

1. Procedure for testing the materials
2. Report on the results of the testing

APPENDIX D - DATA COLLECTION

1. Interview Guide for Providers
2. Interview Guide for Clients
3. Supervision Tool

APPENDIX E - DATA ANALYSIS

1. Results of pre-intervention interviews with providers
2. Plan for data analysis

APPENDIX F - NFP TRAINING

APPENDIX G - SERVICE RESPONSIBILITIES AND WORKPLAN